

PROMISSORY NOTE

PATIENT/SPONSOR INFORMATION

PATIENT'S NAME: _____ SPONSOR'S RANK/PAY GRADE: _____
Last First MI
SPONSOR'S NAME: _____ SPONSOR'S SSN: _____
Last First MI
PATIENT'S DOB: _____ FMP: _____
SPONSOR'S STATUS: DOD EMPLOYEE: _____ CONTRACTOR: _____ CIV EMERGENCY: _____
ACTIVE DUTY: _____ RETIREE: _____ OTHER: _____
UNIT ADDRESS: _____
CIV/LOCAL ADDR: _____ ZIP: _____
NAME & ADDRESS OF EMPLOYER: _____
DUTY PHONE: _____ HOME PHONE: _____

CHARGES

This is to acknowledge that I have been advised of my indebtedness to the Treasurer of the United States in the below stated amount for medical care received by my (self/family member) for the below mentioned services.

OUTPATIENT VISIT

	DOD	CONTRACTOR		DOD	CONTRACTOR
Primary Care:	\$151.00	\$160.00	Urgent Care:	\$225.00	\$237.00
Optometry:	\$100.00	\$105.00	Ambulance:	\$113.00	\$120.00
Immunization:	\$31.00	\$32.00	Well Baby:	\$87.00	\$92.00
Phy Therapy:	\$79.00	\$83.00	Community Health:	\$118.00	\$125.00
Nutrition	\$96.00	\$101.00	Occupational Health:	\$151.00	\$159.00
VISIT DATE:			TIME:		
			TOTAL AMOUNTS: \$		

PRIVACY ACT STATEMENT

The authority for obtaining this information is Title 10, United States Code and Executive Order 9397. This provides you with the advice required by the privacy act of 1974. The personal information (name, SSN, address, and phone #) is required to identify and settle accounts in the MSA Office.

PATIENT AGREEMENT

I agree to make full payment within 30 (thirty) days of treatment. If I receive treatment after duty hours when the cashier is closed. I agree to make full payment within 30(thirty) days. If I fail to make full payment within 30 (thirty) days, My account becomes delinquent and subject to penalty charges of \$15.00 plus appropriate interest charges. An automatic payroll deduction with the appropriate finance agency will be charged against all delinquent accounts.

Signature of Patient/Sponsor: _____ Date: _____

Signature of Staff/MSA Personnel: _____ Date: _____

MAKE CHECK/MONEY ORDER PAYABLE TO: **Finance Officer, 176th FSC**

MAIL PAYMENT TO: **MSA Officer, Camp Walker Health Clinic, H&SC, 168th Medical Battalion (AS), Unit #15021, APO AP 96218-0178**